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CONFIRMATION NO. 9607

<b>SERIAL NUMBER</b> 10/782,968	<b>FILING OR 371(c) DATE</b> 02/20/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> W1107/20009
<b>APPLICANTS</b> Kevin J. Williams, Wynnewood, PA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/419,462 04/21/2003 PAT 7,655,411 which claims benefit of 60/405,494 08/23/2002  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/16/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 240
Verified and Acknowledged Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 24	
<b>ADDRESS</b> 31717				
<b>TITLE</b> CLINICAL ASSAYS FOR THROMBOSPONDIN FRAGMENTS IN THE DETECTION, DIAGNOSIS, AND EVALUATION OF CANCER				
<b>FILING FEE RECEIVED</b> 3739	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	